



Consumer Initiative Fund - CRISIS FUND
REFERRAL INFORMATION

Please have the following information available when calling to refer a client for the Crisis Fund. This form is only meant as a reference; please do not send in.

CLIENT INFORMATION:

Name:

Phone #:

DOB:

Mental health consumer?

Vancouver resident?

Current source(s) of income:

Has the client accessed the Crisis Fund in the last 12 months?

REFERRAL SOURCE INFORMATION:

Name:

Agency:

Phone #:

Relationship to client:

Do you know the applicant well?

DETAILS OF CRISIS:

What were the specific circumstances (e.g., unforeseen expenses, unexpected loss, etc.) that led this individual to be in need of the Crisis Fund at this time?